

PRINTER RUSH
(PTO ASSISTANCE)

Application : 10/780865 Examiner : Zimmer GAU : 1712

From: PAP Location: IDC FMF FDC Date: 11/24/06

Tracking #: EPM 10/780865 Week Date: 11/7/05

DOC CODE	DOC DATE	MISCELLANEOUS
<input type="checkbox"/> 1449		<input type="checkbox"/> Continuing Data
<input type="checkbox"/> IDS		<input type="checkbox"/> Foreign Priority
<input checked="" type="checkbox"/> CLM	<u>8/31/05</u>	<input type="checkbox"/> Document Legibility
<input checked="" type="checkbox"/> IIFW	<u>11/2/05</u>	<input type="checkbox"/> Fees
<input type="checkbox"/> SRFW		<input type="checkbox"/> Other
<input type="checkbox"/> DRW		
<input type="checkbox"/> OATH		
<input type="checkbox"/> 312		
<input type="checkbox"/> SPEC		

[RUSH] MESSAGE: Renumbered claim 5 (original claim 6)
depends on cancelled original claim 5 - Please advise.

Thank you.

[XRUSH] RESPONSE: _____

INITIALS:

NOTE: This form will be included as part of the official USPTO record, with the Response document coded as XRUSH.

REV 10/04